Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macrina Castillo (ARCH/E-ARCH)	CHAPTER 100.1
Address: 1789 Piikea Street Honolulu, Hawaii 96818	Inspection Date: May 9, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN	OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS • Resident #1 – No positive tuberculosis history	USE THIS SPA	PART 1 RRECT THE DEFICIENCY? ACE TO TELL US HOW YOU TED THE DEFICIENCY		
	 (positive skin test and negative chest x-ray) available for review. SCG #1 – No positive tuberculosis history (positive skin test) available for review. SCG #2 - No positive tuberculosis history (negative chest x-ray) available for review. 	Resident #1:	Positive skin test and negative chest x-ray repowere obtained from her PCP and now ready for re-	
	(inegative enest x-ray) available for review.	scg #1:	Positive skin test histowere obtained from Lanak Health Center and now ready for review.	
		SCG #2:	Negative chest x-ray report were Obtained from Lanakila Health Center as now ready for review	
			STAZ LIZKANA	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Resident #1 — No positive tuberculosis history (positive skin test and negative chest x-ray) available for review. SCG #1 — No positive tuberculosis history (positive skin test) available for review. SCG #2 - No positive tuberculosis history (negative chest x-ray) available for review.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I have created a checklist for myself and my substitutes which include all initial and annual requirements for caregivers. I will check this list periodically to ensure all required documents are up to date and available in the record	8/13/1

Licensee's/Administrator's Signature: Marma C. Car	
Print Name: Machina C. Castillo	
Date: 1 (74 (19	

Licensee's/Administrator's Signature:

| Manna Castillo |
| Date: | 8 | 13 | 9

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